



State of Maryland
Office of the Chief Medical Examiner
900 West Baltimore Street
Baltimore, Maryland 21223

REQUEST FOR MEDICAL EXAMINERS REPORT

OCME CASE#: _____ **DATE REQUEST RECEIVED:** _____

To request a copy of Medical Examiner Report, please complete both Section I and Section II, Then return this and the proper fee to:

*Information Desk
Office of the Chief Medical Examiner
900 West Baltimore Street
Baltimore, Maryland 21223*

Fee of \$30.00 for family members, others \$120.00. Please make check or money order payable to: DHMH-OCME

Section I

♦ ***Name of deceased:*** _____

♦ ***Date of death:*** _____

Section II

♦ ***Relationship to Deceased:*** _____

♦ ***Requestor:*** _____

♦ ***Address:*** _____

♦ ***City:*** _____ ***State:*** _____ ***Zip Code:*** _____

♦ ***Telephone number during the day:*** _____

♦ ***Signature of Requestor:*** _____

OCME SECTION

Report to be mailed: _____ **Yes** _____ **No**

Report picked up: (date) _____

Signature: _____

If you have any questions, please contact the Office at (410) 333-3250 between the hours of 8AM and 5PM. Thank You.